

Maternal, Infant, and Early Childhood Home Visiting (MIECHV): Models That Meet the Requirement for Evidence-based

Models considered a good fit for Montana								
Model	Population Served	Model Components	Intensity and Length	Staffing and Background of Home Visitors	Caseload	Estimated Cost	Data systems(s)	Assessment Materials
Early Head Start-Home Based Option	Low-income pregnant women and families with children birth to 3, most of whom are at or below the Federal poverty level or who are eligible for Part C services; 10% of children may be from families with higher incomes; 10% of program spaces reserved for children with disabilities	A combination of home- and center-based programs and services. Family child care services (services provided in family child care homes). Early Head Start-Home Visiting home-based services include (1) home visits, and (2) group socialization activities for parents and their children. Programs select their own curriculum, so it can be appropriately tailored to the families they serve.	One home visit/week/family (minimum of 32 home visits per year). The visits last a minimum of 90 minutes each. 2 group socialization meeting activities/month for each family are provided.	Two primary staff positions: (1) home visitors who conduct home visits with families and run group socialization meetings (max 12 caseload), and (2) a director who oversees the program. In addition, Early Head Start-Home Visiting programs must have management staff with content expertise in the following areas: (1) early childhood development and health services, including child development and education; (2) child medical, dental, and mental health; (3) child nutrition; (4) services for children with disabilities; and (5) family and community partnerships, including parent activities.	Performance standards require that home visitors maintain an average caseload of 10 to 12 families, with a maximum of 12 families for any individual home visitor.	TBD	Head Start PIR and Child Plus (local)	http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements/1305/1305.3%20Determining%20community%20strengths%20and%20needs..htm http://eclkc.ohs.acf.hhs.gov/hslc/Head%20Start%20Program/Program%20Design%20and%20Management/Head%20Start%20Requirements/Head%20Start%20Requirements http://eclkc.ohs.acf.hhs.gov/hslc/resources/ECLKC_Bookstore/PDFs/8D44BB2AD648ADC7AD27208542BD4BE4.pdf
Healthy Families America (HFA)	Designed for parents facing challenges such as single parenthood, low income, childhood history of substance abuse, mental health issues, and/or domestic violence. Individual programs select the specific characteristics of the target population they plan to serve. HFA requires that families be enrolled prenatally or within the first three months after a child's birth. Once enrolled, HFA programs provide services to families through the first three to five years of life. Each local	(1) Screenings and assessments, and (2) home visiting services. In addition, many HFA programs offer services such as parent support groups and father involvement programs. HFA allows local sites to formulate program services and activities that correspond to the specific needs of their communities.	At least one home visit/week for the first 6 months after birth. After the first six months, local programs determine the frequency of the visits. Typically, home visits last a minimum of one hour.	Three primary staff positions: (1) family support workers (FSWs) who conduct home visits with families; (2) family assessment workers (FAWs) who conduct family and child assessments and sometimes screen families for enrollment in the program; and (3) program managers/supervisors who oversee program operations, funding, quality assurance, evaluation, and supervision of staff (1:5 ratio to staff). There are no specific educational requirements. HFA recommends a max caseload of 15.	15 families per FSW; less with longer travel distances	Approximately \$3,981 per family in year 1 (based on a caseload of 25 families). Contact HFA directly for sample budget and budget guidance (contact information can be found at:	Program Information Management System (PIMS)	Available upon request (see HFA's <i>Guidance on Calculating Estimated Family Pool</i>).

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	program determines the length of the program.					http://www.healthyfamiliesamerica.org/home/index.shtml)		
Nurse-Family Partnership (NFP)	Designed for first-time, low-income mothers and their children. It includes one-on-one home visits by a trained public health nurse to participating clients. The visits begin early in the woman's pregnancy (with program enrollment no later than the 28th week of gestation) and conclude when the woman's child turns 2 years old.	One-on-one home visits between a trained public health nurse and the client.	Weekly home visits for the 1 st month after enrollment and then every other week until birth. Weekly for the first six weeks after birth, and every other week until 20 mo. Last four visits are monthly until the child is 2 years old. Home visits typically last 75 minutes.	Two staff positions: (1) nurse home visitors who conduct home visits with families and (2) nursing supervisors who supervise nurse home visitors. Additionally, an administrative assistant is required to manage data entry and other administrative tasks.	Maximum caseload of 25 clients per visitor (less in rural areas); no more than 8 nurse-home visitor supervisees per supervisor	Approximately \$4,895 per family in year 1 (based on a caseload of 100 families). See sample budget information on website to estimate costs and determine additional costs not included in model budget.	Clinical Information System (CIS)	Annual birth cohort of low income, first time moms (use Medicaid as proxy), 50% will be reached by 28 th week of pregnancy, 50% of those will participate. Additional materials at: http://www.nursefamilypartnership.org/public-policy/federal-hv-funding-guidance/NFP-Tool-Kit-for-State
Parents as Teachers (PAT)	PAT may serve families from pregnancy to kindergarten entry. PAT does not have eligibility requirements for participants. Individual programs select the specific characteristics of the target population they plan to serve. Provides parents with child development knowledge and parenting support.	The PAT Born to Learn model has four components that all local programs are required to provide: (1) one-on-one home visits, (2) group meetings, (3) developmental screenings for children, and (4) a resource network for families.	Monthly, biweekly, or weekly home visits. Each local program determines the intensity of the services it provides. PAT recommends that families with high risk factors receive more frequent visits. Visits last between 50 and 60 minutes.	Two primary staff positions: (1) parent educators who provide home visiting services and (2) supervisors who supervise parent educators. No specific requirements for staff background and education. Rather, qualifications for both parent educators and supervisors are focused on attending PATNC training.	Part time home visitors: 24 visits per month, full time: 48 visits per month	Approximately \$2,652 per family in year 1 (based on a caseload of 120 families). See sample budget information on website to estimate costs and	Visit Tracker	http://www.parentsasteachers.org/resources/federal-home-visiting-program

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						determine additional costs not included in model budget.		

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Other Evidence-based Home Visiting Models								
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Family Check Up	Families with children 2 to 17 with risk factors including: Socioeconomic, Child conduct, Academic, Depression, Early Substance Use. Intervention-based service.	<ul style="list-style-type: none"> Prevention program designed to help parents address typical challenges that arise with young children before they become more serious or problematic. Child development and school readiness Positive parenting practices. 	Three home sessions: <ul style="list-style-type: none"> Intake In-home assessment Family feedback session 	The CFC recommends that parent consultants have a doctoral or master's degree in psychology or a related field and previous experience carrying out family-based interventions. If given additional support, the CFC also allows programs to use parent consultants who have a bachelor's or associate's degree. Parent consultants also complete training as required by the CFC.		A four-day training on FCU at CFC costs \$1,000 per person (\$250 per day; 2009 dollars). Yearly training is required.		
Healthy Steps	Healthy Steps is designed for parents with children from birth to age 3. Healthy Steps is an initiative that emphasizes a close relationship between health care professionals and parents in addressing the physical, emotional, and intellectual growth and development of children. Each Healthy Steps team includes a pediatric or family clinician and a Healthy Steps Specialist, who enhances the information and services available to parents (practice-based). During home visits, the Healthy Steps Specialists address behavioral and developmental issues and share information with parents about ways they can help foster their children's needs.	(1) Home visits offered after birth (2) well-child visits with a clinician and Healthy Steps Specialist (3) child development and family health checkups (4) telephone information line (5) screening referrals (6) age-appropriate books; and (7) written materials for parents on topics such as toilet training, discipline, and nutrition.	Can be implemented at different levels of intensity. high-intensity: 5 home visits medium-intensity: 3 home visits low-intensity: 2 home visits	Uses a team approach to primary health care for young children. (1) a Healthy Steps Specialist, providing the link between the family and health care practice and performs home visits; (2) the physicians or pediatric nurse practitioners (PNPs) who serve Healthy Steps families. The Healthy Steps national office recommends that Healthy Steps Specialists have (1) a bachelor's degree with advanced training or education in child development, family studies, nursing, psychology, or a related field preferred;		Average cost per family ranges from \$290.22 for a low-intensity program to \$412.95 for a high-intensity program.		

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Home Instruction Program for Preschool Youngsters (HIPPY)	Home-based, family-focused program model that helps parents support the development of their preschool children. The HIPPY program supports parents who may not feel confident in fostering school readiness for their children. Designed to remove barriers to participation in education. It is delivered by home visitors who are members of the participating communities and parents in the program.	(1) Home visits and (2) group meetings.	Weekly activities that alternate between group meetings and home visits. Required for the 5 th year of life, but recommends three years (3-5)	Two staff positions: (1) home visitors, recruited from local community, who deliver the curriculum to their assigned parents each week; and (2) coordinators who oversee the day-to-day implementation of the HIPPY program, supervise home visitors, and execute biweekly group meetings. Minimum of a bachelor’s degree or equivalent work experience.	Minimum enrollment: 45 children Program Caseload: Average 60 families year 1, 120 year 2 Home Visitor Caseload (paraprofessional): 12 families (10-15 children part time, up to 25 children full time)	The average cost per child per year is \$1,250.
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U.S Department of Health and Human Services. (2011). *Home Visiting Evidence of Effectiveness*. Retrieved from <http://homvee.acf.hhs.gov/Default.aspx>.